

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.L.		9/28/44
O.I.P.E. CLASSIFIER		25	09-30-44
FORMALITY REVIEW	MMB	48231	10/8/49

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral) ... Canceled A Appeal
 - Restricted O Objected

Claim	Final	Original	Date
1			
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28			
29	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
53	✓	✓	✓
54	✓	✓	✓
55	✓	✓	✓
56	✓	✓	✓
57	✓	✓	✓
58	✓	✓	✓
59	✓	✓	✓
60	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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